

**LOS ANGELES COUNTY EMS AGENCY  
DATA REQUEST FORM**

Please allow a minimum of two weeks for data requests to be processed.

See end of Data Request Form for submission information.

Refer to the Data Release Policy for information regarding release of patient/hospital/agency identifiable data.

<b><u>Date of Request:</u></b>	<b><u>Date By Which Data Is Needed:</u></b>
<b><u>Person Submitting Request:</u></b> Name: Title/Position:	<b><u>Contact Information:</u></b> Phone: Fax: E-mail:
<b><u>Facility/Agency/Organization/ Affiliation:</u></b>	<b><u>Address:</u></b>

<b>1. What question(s) are you attempting to answer with the requested data?</b>
<b>2. For what purpose will the data be used? If data will be used in a presentation, publication or research/study project, please also contact the EMS Agency directly to discuss additional requirements.</b>
<b>3. From which database(s) (Trauma, Base Hospital, EMS Provider) should the requested data be obtained? (NOTE: release of patient/hospital/provider agency identifiable data requires the approval from the involved patients/hospitals/provider agencies, which may take months to obtain.)</b>
<b>4. What population should be used? Be as specific as possible about the type of calls or patients about which/whom you want information, e.g. <i>all gunshot wounds</i>, or <i>all patients who were transported by paramedics</i>, or <i>all children age 6 and younger who have a chief complaint of trauma following a fall from any height</i>.</b>
<b>5. If the question you are attempting to answer requires more than a simple volume count described in your response to Question #1, what specific data elements are requested? Be as specific as possible when identifying and defining data fields, e.g. <i>age in years grouped in 5 year increments</i>, or <i>average response time for the first unit on the scene</i>.</b>
<b>6. For what months or years do you want the data? Specify if the data is to be combined for this time period, grouped a certain way, or reported separately for each month/year. (NOTE: data for any period that includes the most recent six (6) months may be incomplete).</b>
<b>7. How should the data be reported to you?</b> ____ Phone    ____ Fax    ____ E-mail    ____ U.S. Mail    ____ Other (specify)

**Submit request to:**

Deidre Gorospe  
EMS Agency TEMIS Unit  
10100 Pioneer Boulevard  
Santa Fe Springs, CA 90670

**Phone:** (562) 347-1661  
**Fax:** (562) 946-6701  
**E-Mail:** dgorospe@dhs.lacounty.gov